

## **RESIDENTIAL HISTORY**

I'm going to ask you about places where you have lived for one year or more, except for times when you were away at school, in the military, or away for the summer. In those cases, let me know how many months per year, and for how many years you spent there.

	A1 What is the full address of your (current/previous) residence where you lived for one year or more?	A2 What was the month and year when you <u>started</u> living there?	A3 When was the month and year when you <u>moved</u> from there?	A4 <u>(IF R DOES NOT KNOW A2 OR A3, ASK)</u> : For how many years (have/did) you live(d) there?
CURRENT 1st	<div>_____ Apt.#</div> <div>Street</div> <div>_____ County</div> <div>_____ City/Town State Zip</div> <div>_____ Country</div>	<div>/__/_/</div> <div>MONTH</div> <div>/__/_/___/</div> <div>YEAR</div> <div>/__/_/</div> <div>AGE</div>	<div>/__/_/</div> <div>MONTH</div> <div>/__/_/___/</div> <div>YEAR</div> <div>/__/_/</div> <div>AGE</div>	<div>/__/_/</div> <div># OF YEARS</div>
PREVIOUS 2nd	<div>_____ Apt.#</div> <div>Street</div> <div>_____ County</div> <div>_____ City/Town State Zip</div> <div>_____ Country</div>	<div>/__/_/</div> <div>MONTH</div> <div>/__/_/___/</div> <div>YEAR</div> <div>/__/_/</div> <div>AGE</div>	<div>/__/_/</div> <div>MONTH</div> <div>/__/_/___/</div> <div>YEAR</div> <div>/__/_/</div> <div>AGE</div>	<div>/__/_/</div> <div># OF YEARS</div>
PREVIOUS 3rd	<div>_____ Apt.#</div> <div>Street</div> <div>_____ County</div> <div>_____ City/Town State Zip</div> <div>_____ Country</div>	<div>/__/_/</div> <div>MONTH</div> <div>/__/_/___/</div> <div>YEAR</div> <div>/__/_/</div> <div>AGE</div>	<div>/__/_/</div> <div>MONTH</div> <div>/__/_/___/</div> <div>YEAR</div> <div>/__/_/</div> <div>AGE</div>	<div>/__/_/</div> <div># OF YEARS</div>

PREVIOUS 4th	_____ Street	Apt.#	_____/_____/_____ MONTH	_____/_____/_____ MONTH	_____/_____/_____ # OF YEARS	
	_____ County		_____/_____/_____/_____ YEAR	_____/_____/_____/_____ YEAR		
	_____ City/Town	State	Zip	_____/_____/_____ AGE		_____/_____/_____ AGE
	_____ Country					
A4a What best describes this residence? <b>(SHOW CARD)</b>		A5 Where (does/did) the water you use(d) for drinking come from? <b>(SHOW CARD)</b> (CODE ALL THAT APPLY)		A5a What was the depth of the private well?		
DETACHED SINGLE FAMILY UNIT ..... 01 TOWN HOUSE OR ROW HOUSE ..... 02 DUPLEX OR LOW-RISE FOR 2 TO 4 FAMILIES ..... 03 LOW-RISE OR HIGH-RISE FOR 5 TO 49 FAMILIES .. 04 HIGH-RISE FOR 50 OR MORE FAMILIES ..... 05 MOBILE HOME/TRAILER ..... 06 OTHER ( <b>SPECIFY</b> ): ..... 77  _____		MUNICIPAL PUBLIC WATER SUPPLY . 01 (A6) PRIVATE WELL ..... 02 (A5A) COMMUNITY WELL ..... 03 (A6) RAINWATER/CISTERN ..... 04 (A6) RIVER/LAKE/POND ..... 05 (A6) SPRING/BOTTLED WATER ..... 06 (A7) OTHER ( <b>SPECIFY</b> ): ..... 77 (A6)  _____		LESS THAN 50 FEET ..... 1 50 - 150 FEET ..... 2 151 - 250 FEET ..... 3 251 - 500 FEET ..... 4 501 - 999 FEET ..... 5 1000 FEET OR MORE ..... 6 DON'T KNOW ..... 8		
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A6 Did you ever drink bottled or spring water while you lived there?		A7 On average, what percentage of the water you drank was spring or bottled water?		A8 Did you use a water treatment device such as a water softener or filter?	
A8a Which of the following devices did you use? (CIRCLE ALL THAT APPLY)					
YES 1 NO 5 (A8)		/___/___/___/%		YES 1 NO 5 (A9)	
				CARBON OR CHARCOAL FILTER 01 DISTILLER WHICH BOILS WATER 02 WATER SOFTENER 03 REVERSE OSMOSIS 04 OTHER (SPECIFY): 77  	
YES 1 NO 5 (A8)		/___/___/___/%		YES 1 NO 5 (A9)	
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YES                    1 NO                    5 (A8)	/___/___/___/%	YES                    1 NO                    5 (A9)	CARBON OR CHARCOAL FILTER    01 DISTILLER WHICH BOILS WATER   02 WATER SOFTENER                    03 REVERSE OSMOSIS                  04 OTHER (SPECIFY):                    77  
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CONTINUATION SHEET			
A9 Where (does/did) the water for cooking come from? (SHOW CARD)  <b>(CIRCLE ALL THAT APPLY)</b>		A9a On average, what percentage of the water for cooking was spring or bottled water?	
MUNICIPAL PUBLIC WATER SUPPLY                    01 (A10) PRIVATE WELL            02 (A10) COMMUNITY WELL        03 (A10) RAINWATER/CISTERN     04 (A10) RIVER/LAKE/POND        05 (A10) SPRING/BOTTLED WATER 06 OTHER (SPECIFY):        77 (A10)  		/___/___/___/%	
		YES                    1 NO                    5	

<div>MUNICIPAL PUBLIC WATER</div> <div>SUPPLY01 (A10)</div> <div>PRIVATE WELL02 (A10)</div> <div>COMMUNITY WELL03 (A10)</div> <div>RAINWATER/CISTERN04 (A10)</div> <div>RIVER/LAKE/POND05 (A10)</div> <div>SPRING/BOTTLED WATER06</div> <div>OTHER (SPECIFY):77 (A10)</div> <div></div>	<div>/ / / %</div>	<div>YES1</div> <div>NO5</div>
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USE CONTINUATION SHEET		
<div>A11</div> <div>Where (does/did) the water you use(d) for bathing come from?</div> <div>(SHOW CARD)</div> <div>(CIRCLE ALL THAT APPLY)</div>	<div>A11a</div> <div>(Does/Did) this residence have a swimming pool or hot tub?</div>	<div>A11b</div> <div>About how often (do/did) you usually swim in it?</div>

MUNICIPAL PUBLIC WATER SUPPLY 01 PRIVATE WELL 02 COMMUNITY WELL 03 RAINWATER/CISTERN 04 RIVER/LAKE/POND 05 OTHER (SPECIFY): 77  	YES 1  NO 5 (A11c)	DAILY 1 4-6 TIMES/WEEK 2 2-3 TIMES/WEEK 3 ONCE A WEEK 4 1-3 TIMES/MONTH 5 LESS THAN ONCE A MONTH 6 NEVER 7
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USE CONTINUATION SHEET		

<p style="text-align: center;">A12</p> <p>How (is/was) sewage disposed of? Was it:</p>	<p style="text-align: center;">A13</p> <p>What (is/was) the main type of fuel used to heat the water? Was it"</p> <p style="text-align: center;"><b>(CIRCLE THE ONE MOST OFTEN USED)</b></p>
<p>Municipal sewer system, 01</p> <p>Septic tank, 02</p> <p>Cesspool, or 03</p> <p>Something else? (SPECIFY): 77</p> <p>_____</p>	<p>Gas, 01</p> <p>Electric, 02</p> <p>Fuel oil, 03</p> <p>Kerosene, 04</p> <p>Coal, 05</p> <p>Wood, 06</p> <p>Solar, or 07</p> <p>Something else? (SPECIFY): 77</p> <p>_____</p>
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Municipal sewer system, 01 Septic tank, 02 Cesspool, or 03 Something else? (SPECIFY): 77  	Gas, 01 Electric, 02 Fuel oil, 03 Kerosene, 04 Coal, 05 Wood, 06 Solar, or 07 Something else? (SPECIFY): 77  
USE CONTINUATION SHEET	
A13a Where (is/was) the water heater located?  <b>(CIRCLE ALL THAT APPLY) (SHOW CARD)</b>	A14 (Is/Was) there a clothes dryer in your living quarters?
ROOM WITHIN THE LIVING QUARTERS 01 CLOSET OR STORAGE ROOM IN PART OF THE MAIN LIVING QUARTERS 02 UTILITY OR CLOSET ROOM SEPARATE FROM THE MAIN LIVING QUARTERS 03 THE GARAGE 04 THE BASEMENT 05 OUTSIDE (INCLUDING ROOF) 06 OTHER (SPECIFY): 77  	YES 1 NO 5 (A18)
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ROOM WITHIN THE LIVING QUARTERS	01		
CLOSET OR STORAGE ROOM IN PART OF			
THE MAIN LIVING QUARTERS	02		
UTILITY OR CLOSET ROOM SEPARATE		YES	1
FROM THE MAIN LIVING QUARTERS	03		
THE GARAGE	04	NO	5 (A18)
THE BASEMENT	05		
OUTSIDE (INCLUDING ROOF)	06		
OTHER (SPECIFY):	77		
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CLOSET OR STORAGE ROOM IN PART OF			
THE MAIN LIVING QUARTERS	02		
UTILITY OR CLOSET ROOM SEPARATE		YES	1
FROM THE MAIN LIVING QUARTERS	03		
THE GARAGE	04	NO	5 (A18)
THE BASEMENT	05		
OUTSIDE (INCLUDING ROOF)	06		
OTHER (SPECIFY):	77		
_____			
USE CONTINUATION SHEET			

A15 Where (is/was) the clothes dryer located?	A16 (Is/Was) your clothes dryer gas, electric, or something else?	A17 (Is/Was) the dryer vented?	A17a Where (is/was) the dryer vented?
ROOM WITHIN THE LIVING QUARTERS, SUCH AS THE KITCHEN 01 CLOSET OR STORAGE ROOM IN PART OF THE MAIN LIVING QUARTERS 02 UTILITY OR CLOSET ROOM SEPARATE FROM THE MAIN LIVING QUARTERS 03 THE GARAGE 04 THE BASEMENT 05 OTHER (SPECIFY): 77  	GAS 1 ELECTRIC 2 OTHER 7 (SPECIFY)  	YES 1 NO 5 (18)  	OUTSIDE 1 INSIDE/OUTSIDE SWITCH 2 NOT VENTED OUTSIDE 3 DON'T KNOW 8  
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USE CONTINUATION SHEET			

<p style="text-align: center;">A18</p> <p>What (is/was) the main type of fuel used to heat your living quarters?</p> <p style="text-align: center;"><b>(SHOW CARD)</b></p>	<p style="text-align: center;">A19</p> <p>What (is/was) the main type of furnace or heating system used to heat your living quarters?</p> <p style="text-align: center;"><b>(CIRCLE ONE)</b></p>																																		
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<p>A20</p> <p>During the cold weather, (do/did) you use portable <u>kerosene heaters in your living quarters?</u></p>	<p>A21</p> <p>How often (do/did) you use <u>kerosene</u> heaters during the cold weather?</p>	<p>A22</p> <p>During the cold weather, (do/did) you use <u>gas</u> heaters in your living quarters?</p>	<p>A23</p> <p>How often (do/did) you use <u>gas</u> heaters during the cold weather?</p>
<p>YES 1</p> <p>NO 5 (A22)</p>	<p>T T T T .))-.))-</p> <p>TIMES: PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>YES 1</p> <p>NO 5 (A24)</p>	<p>T T T T .))-.))-</p> <p>TIMES: PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>
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<p>YES 1</p> <p>NO 5 (A22)</p>	<p>T T T T .))-.))-</p> <p>TIMES: PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>YES 1</p> <p>NO 5 (A24)</p>	<p>T T T T .))-.))-</p> <p>TIMES: PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>

<div>YES 1</div> <div>NO 5 (A22)</div>	<div>T T T T ) - . ) - TIMES: PER DAY 1</div> <div>PER WEEK 2</div> <div>PER MONTH 3</div> <div>PER YEAR 4</div>	<div>YES 1</div> <div>NO 5 (A24)</div>	<div>T T T T ) - . ) - TIMES: PER DAY 1</div> <div>PER WEEK 2</div> <div>PER MONTH 3</div> <div>PER YEAR 4</div>
CONTINUATION SHEET			
<div>A24</div> <div>(Did/Do) you use a fireplace or wood-burning stove at this address at least three times per year?</div>		<div>A25</div> <div>What materials (did/do) you burn in the fireplace or wood-burning stove? (CODE ALL THAT APPLY.)</div> <div>(SHOW CARD)</div>	
<div>YES 1</div> <div>NO 5 (A26)</div>		<div>WOOD 01</div> <div>COAL 02</div> <div>GAS 03</div> <div>SYNTHETIC LOGS 04</div> <div>NEWSPAPERS 05</div> <div>ACCELERANTS 06</div> <div>OTHER (SPECIFY): 77</div> <div>_____</div>	
<div>YES 1</div> <div>NO 5 (A26)</div>		<div>WOOD 01</div> <div>COAL 02</div> <div>GAS 03</div> <div>SYNTHETIC LOGS 04</div> <div>NEWSPAPERS 05</div> <div>ACCELERANTS 06</div> <div>OTHER (SPECIFY): 77</div> <div>_____</div>	



JANUARY      01      JULY              07 FEBRUARY    02      AUGUST          08 MARCH        03      SEPTEMBER      09 APRIL         04      OCTOBER        10 MAY            05      NOVEMBER       11 JUNE           06      DECEMBER       12  NONE OF THE YEAR      00  ALL OF THE YEAR        13	YES .... 1  NO .... 5
JANUARY      01      JULY              07 FEBRUARY    02      AUGUST          08 MARCH        03      SEPTEMBER      09 APRIL         04      OCTOBER        10 MAY            05      NOVEMBER       11 JUNE           06      DECEMBER       12  NONE OF THE YEAR      00  ALL OF THE YEAR        13	YES .... 1  NO .... 5
USE CONTINUATION SHEET	



<p>A28</p> <p>(Is/Was) any part of the foundation or lower walls of the building built of concrete blocks or cinder blocks?</p>	<p>A28a</p> <p>(Does/Did) this residence have a full or partial basement, cellar, or were one or more walls completely or partially below the ground?</p>	<p>A29</p> <p>Which of the following best describes the construction of most of the <u>lowest floor of the living quarters</u>? Was it:</p>
<p>YES ..... 1</p> <p>NO ..... 5</p> <p>DON'T KNOW .... 8</p>	<p>YES .... 1</p> <p>NO .... 5</p>	<p>Uncovered concrete slab, 01</p> <p>Tile, wood, or carpet over concrete,02</p> <p>Earth, dirt, sand, or rock, or 03</p> <p>Something else?</p> <p>OTHER (SPECIFY): 77</p> <p>_____</p>
<p>YES ..... 1</p> <p>NO ..... 5</p> <p>DON'T KNOW .... 8</p>	<p>YES .... 1</p> <p>NO .... 5</p>	<p>Uncovered concrete slab, 01</p> <p>Tile, wood, or carpet over concrete,02</p> <p>Earth, dirt, sand, or rock, or 03</p> <p>Something else?</p> <p>OTHER (SPECIFY): 77</p> <p>_____</p>
<p>YES ..... 1</p> <p>NO ..... 5</p> <p>DON'T KNOW .... 8</p>	<p>YES .... 1</p> <p>NO .... 5</p>	<p>Uncovered concrete slab, 01</p> <p>Tile, wood, or carpet over concrete,02</p> <p>Earth, dirt, sand, or rock, or 03</p> <p>Something else?</p> <p>OTHER (SPECIFY): 77</p> <p>_____</p>
<p>YES ..... 1</p> <p>NO ..... 5</p> <p>DON'T KNOW .... 8</p>	<p>YES .... 1</p> <p>NO .... 5</p>	<p>Uncovered concrete slab, 01</p> <p>Tile, wood, or carpet over concrete,02</p> <p>Earth, dirt, sand, or rock, or 03</p> <p>Something else?</p> <p>OTHER (SPECIFY): 77</p> <p>_____</p>
<p>USE CONTINUATION SHEET</p>		

	A30	A31	A32	A33
	What (is/was) the major source of energy for the oven at this address? Was it"	What (is/was) the major source of energy for the stove or range top at this address? Was it:	(Do/Did) you or anyone use a grille or barbecue at this address at least three times per year?	What (is/was) the major source of energy for the grille or barbecue at this address? (Is/Was) it:
1	Electricity 01 Natural gas 02 Bottled gas 03 Wood fire 04 Coal 05 Propane 06 OTHER (SPECIFY):77 _____	Electricity 01 Natural gas 02 Bottled gas 03 Wood fire 04 Coal 05 Propane 06 OTHER (SPECIFY):77 _____	YES .... 1  NO .... 5 (A34A)	Natural gas 01 Bottled gas 02 Charcoal 03 Wood 04 Electricity 05  OTHER (SPECIFY): 77 _____
2	Electricity 01 Natural gas 02 Bottled gas 03 Wood fire 04 Coal 05 Propane 06 OTHER (SPECIFY):77 _____	Electricity 01 Natural gas 02 Bottled gas 03 Wood fire 04 Coal 05 Propane 06 OTHER (SPECIFY):77 _____	YES .... 1  NO .... 5 (A34A)	Natural gas 01 Bottled gas 02 Charcoal 03 Wood 04 Electricity 05  OTHER (SPECIFY): 77 _____
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	CONTINUATION SHEET			

A34a	A34b	A34c	A34d	A34e
While you were living at any residence, was paint applied to the walls of any room?	Was the exterior repainted or freshly painted?	Was insulation installed?	Did remodeling involve removing or building walls?	Did you stay in the residence during remodeling?
YES .... 1 NO .... 5	YES .... 1 NO .... 5	YES .... 1 NO .... 5	YES .... 1 NO .... 5 (A35)	YES .... 1 NO .... 5
YES .... 1 NO .... 5	YES .... 1 NO .... 5	YES .... 1 NO .... 5	YES .... 1 NO .... 5 (A35)	YES .... 1 NO .... 5
YES .... 1 NO .... 5	YES .... 1 NO .... 5	YES .... 1 NO .... 5	YES .... 1 NO .... 5 (A35)	YES .... 1 NO .... 5
YES .... 1 NO .... 5	YES .... 1 NO .... 5	YES .... 1 NO .... 5	YES .... 1 NO .... 5 (A35)	YES .... 1 NO .... 5
YES .... 1 NO .... 5	YES .... 1 NO .... 5	YES .... 1 NO .... 5	YES .... 1 NO .... 5 (A35)	YES .... 1 NO .... 5
YES .... 1 NO .... 5	YES .... 1 NO .... 5	YES .... 1 NO .... 5	YES .... 1 NO .... 5 (A35)	YES .... 1 NO .... 5

<p style="text-align: center;">A35</p> <p>Was trash and garbage at this residence picked up or burned on site?</p> <p>(CODE ALL THAT APPLY)</p>	<p style="text-align: center;">A36</p> <p>Was this residence within a <u>half mile</u> or 6 blocks of any of these facilities?</p> <p>(SHOW CARD) (CODE ALL THAT APPLY)</p>
<p>PICKED UP                      01</p> <p>BURNED ON SITE              02</p> <p>OTHER (SPECIFY:              77</p> <p>_____)</p>	<p style="text-align: center;">T T T .)))2))) - T T T .)))2))) - T T T .)))2))) -</p> <p style="text-align: center;">(FACILITY CODES)</p> <p>OTHER (SPECIFY:              77</p> <p>_____)</p>
<p>PICKED UP                      01</p> <p>BURNED ON SITE              02</p> <p>OTHER (SPECIFY:              77</p> <p>_____)</p>	<p style="text-align: center;">T T T .)))2))) - T T T .)))2))) - T T T .)))2))) -</p> <p style="text-align: center;">(FACILITY CODES)</p> <p>OTHER (SPECIFY:              77</p> <p>_____)</p>
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<p>PICKED UP                      01</p> <p>BURNED ON SITE              02</p> <p>OTHER (SPECIFY:              77</p> <p>_____)</p>	<p style="text-align: center;">T T T .)))2))) - T T T .)))2))) - T T T .)))2))) -</p> <p style="text-align: center;">(FACILITY CODES)</p> <p>OTHER (SPECIFY:              77</p> <p>_____)</p>
<p>USE CONTINUATION SHEET</p>	

## PESTICIDES

Now I am going to ask you about pesticides that may have been used in or around any of your homes, yards, or vegetable or fruit gardens during your lifetime.

I want to be clear about what I mean when I ask about pesticides. Pesticides are not the same as fertilizers. Pesticides are used on farms to kill unwanted pests and are sometimes called insecticides which are used to kill insects, or herbicides which are used to kill weeds, or fungicides which are used to kill molds that grow on crops, or fumigants which are gases used to kill several pests.

These products could have been used by you, another household member, a professional exterminator, gardeners, or a municipal service.

B1	B2	B3	B4
Did you or others use products to control <b>(PEST)</b> :	Who applied these products? <b>(SHOW CARD)</b> <b>(CIRCLE ALL THAT APPLY)</b>	How was the product used? <b>(SHOW CARD)</b> <b>(CIRCLE ALL THAT APPLY)</b>	Was the <b>(PRODUCT FROM B3)</b> usually used inside, outside, or both?
a. ants, carpenter ants or cockroaches?  YES 1 (B2-B7)  NO 5 (B1b)  DK 8 (B1b)	You ..... 01 Another household member ..... 02 Professional exterminator or gardener ..... 03 Municipal service ..... 04 Other <b>(SPECIFY)</b> : ..... 77 _____	Spray ..... 01 Fogger ..... 02 Powder ..... 03 Pellets ..... 04 Baits or traps ..... 05 Truck or helicopter ..... 06 Other <b>(SPECIFY)</b> : ..... 77 _____	Inside ..... 1  Outside ..... 2  Both ..... 3
b. bees or wasps?  YES 1 (B2-B7)  NO 5 (B1c)  DK 8 (B1c)	You ..... 01 Another household member ..... 02 Professional exterminator or gardener ..... 03 Municipal service ..... 04 Other <b>(SPECIFY)</b> : ..... 77 _____	Spray ..... 01  Fogger ..... 02  Other <b>(SPECIFY)</b> : ..... 77 _____	Inside ..... 1  Outside ..... 2  Both ..... 3
c. flies or mosquitoes?  YES 1 (B2-B7)  NO 5 (B1d)  DK 8 (B1d)	You ..... 01 Another household member ..... 02 Professional exterminator or gardener ..... 03 Municipal service ..... 04 Other <b>(SPECIFY)</b> : ..... 77 _____	Spray ..... 01 Fogger ..... 02 Powder ..... 03 Liquid ..... 07 Other <b>(SPECIFY)</b> : ..... 77 _____	Inside ..... 1  Outside ..... 2  Both ..... 3
d. moths, silverfish or caterpillars?  YES 1 (B2-B7)  NO 5 (B1e)  DK 8 (B1e)	You ..... 01 Another household member ..... 02 Professional exterminator or gardener ..... 03 Municipal service ..... 04 Other <b>(SPECIFY)</b> : ..... 77 _____	Spray ..... 01 Fogger ..... 02 Powder ..... 03 Liquid ..... 07 Mothballs ..... 08 Other <b>(SPECIFY)</b> : ..... 77 _____	Inside ..... 1  Outside ..... 2  Both ..... 3
e. mice, rats, gophers or moles?  YES 1 (B2-B7)  NO 5 (B1f)  DK 8 (B1f)	You ..... 01 Another household member ..... 02 Professional exterminator or gardener ..... 03 Municipal service ..... 04 Other <b>(SPECIFY)</b> : ..... 77 _____	Spray ..... 01 Powder ..... 03 Pellets ..... 04 Glue traps ..... 09 Other <b>(SPECIFY)</b> : ..... 77 _____	Inside ..... 1  Outside ..... 2  Both ..... 3

f. fleas or ticks, except on pets?  Yes      1 (B2-B7)  No        5 (B1g)  DK        8 (B1g)	You ..... 01 Another household member ..... 02 Professional exterminator or gardener ..... 03 Municipal service ..... 04 Other ( <b>SPECIFY</b> ): ..... 77 _____	Spray ..... 01 Fogger ..... 02 Powder ..... 03 Liquid ..... 07 Other ( <b>SPECIFY</b> ): ..... 77 _____	Inside ..... 1  Outside ..... 2  Both ..... 3
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B5	B6	B7
About how old were you when this product was used?	On average, about how many times per week, month, or year was this product used?	About how many years in your lifetime was this product used?
<b>T TT T</b> .))-.))- AGE	<b>T TT T</b> .))-.))- TIMES: PER WEEK ..... 1 PER MONTH ..... 2 PER YEAR ..... 3	<b>T TT T</b> .))-.))- # OF YEARS
<b>T TT T</b> .))-.))- AGE	<b>T TT T</b> .))-.))- TIMES: PER WEEK ..... 1 PER MONTH ..... 2 PER YEAR ..... 3	<b>T TT T</b> .))-.))- # OF YEARS
<b>T TT T</b> .))-.))- AGE	<b>T TT T</b> .))-.))- TIMES: PER WEEK ..... 1 PER MONTH ..... 2 PER YEAR ..... 3	<b>T TT T</b> .))-.))- # OF YEARS
<b>T TT T</b> .))-.))- AGE	<b>T TT T</b> .))-.))- TIMES: PER WEEK ..... 1 PER MONTH ..... 2 PER YEAR ..... 3	<b>T TT T</b> .))-.))- # OF YEARS

<b>T T T T</b> <b>.))-.))-</b> <b>AGE</b>		<b>T T T T</b> <b>.))-.))-</b> <b>TIMES: PER WEEK ..... 1</b> <b>PER MONTH ..... 2</b> <b>PER YEAR ..... 3</b>		<b>T T T T</b> <b>.))-.))-</b> <b># OF YEARS</b>	
<b>T T T T</b> <b>.))-.))-</b> <b>AGE</b>		<b>T T T T</b> <b>.))-.))-</b> <b>TIMES: PER WEEK ..... 1</b> <b>PER MONTH ..... 2</b> <b>PER YEAR ..... 3</b>		<b>T T T T</b> <b>.))-.))-</b> <b># OF YEARS</b>	
<b>B1</b> Did you or others use products to control <b>(PEST)</b> :		<b>B2</b> Who applied these products? <b>(SHOW CARD)</b> <b>(CIRCLE ALL THAT APPLY)</b>		<b>B3</b> How was the product used? <b>(SHOW CARD)</b> <b>(CIRCLE ALL THAT APPLY)</b>	
<b>B4</b> Was the <b>(PRODUCT FROM B3)</b> usually used inside, outside, or both?					
g. termites?  Yes 1 (B2-B7)  No 5 (B1h)  DK 8 (B1h)		You ..... 01 Another household member ..... 02 Professional exterminator or gardener ..... 03 Municipal service ..... 04 Other <b>(SPECIFY)</b> : ..... 77 _____		Spray ..... 01 Powder ..... 03 Tent fumigant ..... 10 Baits ..... 11 Creosote painting ..... 12 Other <b>(SPECIFY)</b> : ..... 77 _____	
h. spiders?  YES 1 (B2-B7)  NO 5 (B1i)  DK 8 (B1i)		You ..... 01 Another household member ..... 02 Professional exterminator or gardener ..... 03 Municipal service ..... 04 Other <b>(SPECIFY)</b> : ..... 77 _____		Spray ..... 01 Fogger ..... 02 Powder ..... 03 Baits ..... 05 Liquid ..... 07 Other <b>(SPECIFY)</b> : ..... 77 _____	
I. any other type of household pest?  YES 1 (B2-B7) <b>(SPECIFY)</b> : _____  NO 5 (B8)  DK 8 (B8)		You ..... 01 Another household member ..... 02 Professional exterminator or gardener ..... 03 Municipal service ..... 04 Other <b>(SPECIFY)</b> : ..... 77 _____		Spray ..... 01 Fogger ..... 02 Powder ..... 03 Liquid ..... 07 Other <b>(SPECIFY)</b> : ..... 77 _____	
<b>B5</b> About how old were you when this product was used?		<b>B6</b> On average, about how many times per week, month or year was this product used?		<b>B7</b> About how many years in your lifetime was this product used?	



<b>T TT T</b> <b>.))-.))-</b> <b>AGE</b>	<b>T TT T</b> <b>.))-.))-</b> <b>TIMES: PER WEEK</b> ..... 1  <b>PER MONTH</b> ..... 2  <b>PER YEAR</b> ..... 3	<b>T TT T</b> <b>.))-.))-</b> <b># OF YEARS</b>
<b>T TT T</b> <b>.))-.))-</b> <b>AGE</b>	<b>T TT T</b> <b>.))-.))-</b> <b>TIMES: PER WEEK</b> ..... 1  <b>PER MONTH</b> ..... 2  <b>PER YEAR</b> ..... 3	<b>T TT T</b> <b>.))-.))-</b> <b># OF YEARS</b>
<b>T TT T</b> <b>.))-.))-</b> <b>AGE</b>	<b>T TT T</b> <b>.))-.))-</b> <b>TIMES: PER WEEK</b> ..... 1  <b>PER MONTH</b> ..... 2  <b>PER YEAR</b> ..... 3	<b>T TT T</b> <b>.))-.))-</b> <b># OF YEARS</b>

Now I am going to ask you about some other products including pesticides that may have been used on indoor or outdoor plants or trees by you, another household member, a professional service, gardener, or municipal service.

B8 Did you or others apply ( <b>a-g</b> ):	B9 Who applied these products? ( <b>SHOW CARD</b> ) ( <b>CIRCLE ALL THAT APPLY</b> )	B10 How was the product used? ( <b>SHOW CARD</b> ) ( <b>CIRCLE ALL THAT APPLY</b> )
a. weed killers?  YES                    1 (B9-B13)  NO                     5 (B8b)  DK                     8 (B8b)	You ..... 01 Another household member ..... 02 Professional service or gardener ..... 03 Municipal service ..... 04 Other ( <b>SPECIFY</b> ): ..... 77  _____	Spray ..... 01 Liquid ..... 11 Granular ..... 13 Punch-stick or stake ..... 14 Other ( <b>SPECIFY</b> ): ..... 77  _____
b. lawn insecticides?  YES                    1 (B9-B13)  NO                     5 (B8c)  DK                     8 (B8c)	You ..... 01 Another household member ..... 02 Professional service or gardener ..... 03 Municipal service ..... 04 Other ( <b>SPECIFY</b> ): ..... 77  _____	Spray ..... 01 Liquid ..... 11 Granular ..... 13 Dust ..... 15 Other ( <b>SPECIFY</b> ): ..... 77  _____

<p>c. chemicals for insects or diseases of trees?</p> <p>YES                      1 (B9-B13)</p> <p>NO                        5 (B8d)</p> <p>DK                        8 (B8d)</p>	<p>You ..... 01</p> <p>Another household member ..... 02</p> <p>Professional service or gardener ..... 03</p> <p>Municipal service ..... 04</p> <p>Other (SPECIFY): ..... 77</p> <p>_____</p>	<p>Spray ..... 01</p> <p>Granular ..... 13</p> <p>Dust ..... 15</p> <p>Tree wound paint ..... 16</p> <p>Other (SPECIFY): ..... 77</p> <p>_____</p>
<p>d. pesticides on a fruit or vegetable garden?</p> <p>YES                      1 (B9-B13)</p> <p>NO                        5 (B8e)</p> <p>DK                        8 (B8e)</p>	<p>You ..... 01</p> <p>Another household member ..... 02</p> <p>Professional service or gardener ..... 03</p> <p>Municipal service ..... 04</p> <p>Other (SPECIFY): ..... 77</p> <p>_____</p>	<p>Spray ..... 01</p> <p>Fogger ..... 02</p> <p>Powder ..... 03</p> <p>Liquid ..... 07</p> <p>Other (SPECIFY): ..... 77</p> <p>_____</p>
<p>e. chemicals for insects or diseases of other <u>outdoor</u> plants?</p> <p>Yes                      1 (B9-B13)</p> <p>(SPECIFY):</p> <p>_____</p> <p>No                        5 (B8f)</p> <p>DK                        8 (B8f)</p>	<p>You ..... 01</p> <p>Another household member ..... 02</p> <p>Professional service or gardener ..... 03</p> <p>Municipal service ..... 04</p> <p>Other (SPECIFY): ..... 77</p> <p>_____</p>	<p>Spray ..... 01</p> <p>Fogger ..... 02</p> <p>Powder ..... 03</p> <p>Liquid ..... 07</p> <p>Other (SPECIFY): ..... 77</p> <p>_____</p>
<p>f. any other type of pesticides used outdoors?</p> <p>Yes                      1 (B9-B13)</p> <p>No                        5 (B8g)</p> <p>DK                        8 (B8g)</p>	<p>You ..... 01</p> <p>Another household member ..... 02</p> <p>Professional service or gardener ..... 03</p> <p>Municipal service ..... 04</p> <p>Other (SPECIFY): ..... 77</p> <p>_____</p>	<p>Spray ..... 01</p> <p>Fogger ..... 02</p> <p>Powder ..... 03</p> <p>Liquid ..... 07</p> <p>Other (SPECIFY): ..... 77</p> <p>_____</p>
<p>g. chemicals for diseases or bugs of <u>indoor</u> plants?</p> <p>Yes                      1 (B9-B13)</p> <p>(SPECIFY):</p> <p>_____</p> <p>No                        5 (B14)</p> <p>DK                        8 (B14)</p>	<p>You ..... 01</p> <p>Another household member ..... 02</p> <p>Professional service or gardener ..... 03</p> <p>Municipal service ..... 04</p> <p>Other (SPECIFY): ..... 77</p> <p>_____</p>	<p>Spray ..... 01</p> <p>Dust ..... 15</p> <p>Other (SPECIFY): ..... 77</p> <p>_____</p>

<p style="text-align: center;">B11</p> <p>About how old were you when this product was used?</p>	<p style="text-align: center;">B12</p> <p>On average, about how many times per week, month or year was this product used?</p>	<p style="text-align: center;">B13</p> <p>About how many years in your lifetime was this product used?</p>
<p style="text-align: center;">T TT T . ))-. ))- AGE</p>	<p style="text-align: center;">T TT T . ))-. ))- TIMES: PER WEEK ..... 1 PER MONTH ..... 2 PER YEAR ..... 3</p>	<p style="text-align: center;">T TT T . ))-. ))- # OF YEARS</p>
<p style="text-align: center;">T TT T . ))-. ))- AGE</p>	<p style="text-align: center;">T TT T . ))-. ))- TIMES: PER WEEK ..... 1 PER MONTH ..... 2 PER YEAR ..... 3</p>	<p style="text-align: center;">T TT T . ))-. ))- # OF YEARS</p>
<p style="text-align: center;">T TT T . ))-. ))- AGE</p>	<p style="text-align: center;">T TT T . ))-. ))- TIMES: PER WEEK ..... 1 PER MONTH ..... 2 PER YEAR ..... 3</p>	<p style="text-align: center;">T TT T . ))-. ))- # OF YEARS</p>
<p style="text-align: center;">T TT T . ))-. ))- AGE</p>	<p style="text-align: center;">T TT T . ))-. ))- TIMES: PER WEEK ..... 1 PER MONTH ..... 2 PER YEAR ..... 3</p>	<p style="text-align: center;">T TT T . ))-. ))- # OF YEARS</p>
<p style="text-align: center;">T TT T . ))-. ))- AGE</p>	<p style="text-align: center;">T TT T . ))-. ))- TIMES: PER WEEK ..... 1 PER MONTH ..... 2 PER YEAR ..... 3</p>	<p style="text-align: center;">T TT T . ))-. ))- # OF YEARS</p>
<p style="text-align: center;">T TT T . ))-. ))- AGE</p>	<p style="text-align: center;">T TT T . ))-. ))- TIMES: PER WEEK ..... 1 PER MONTH ..... 2 PER YEAR ..... 3</p>	<p style="text-align: center;">T TT T . ))-. ))- # OF YEARS</p>

T TT T .))-.)) - AGE	T TT T .))-.)) - TIMES: PER WEEK ..... 1 PER MONTH ..... 2 PER YEAR ..... 3	T TT T .))-.)) - # OF YEARS
<p>Now I have a few questions about insect repellents and lice control.</p> <p>B14. During your lifetime, did you ever use insect repellents on your skin, hair, or clothing?</p> <p>YES .... 1</p> <p>NO .... 5 (B20)</p>		
<p>B15. How often have you used insect repellents on your skin, hair, or clothing? <b>(SHOW CARD)</b></p> <p>FREQUENTLY YEAR ROUND ..... 1  FREQUENTLY IN A GIVEN SEASON ..... 2  SOMETIMES ..... 3  RARELY ..... 4 (B20)  NEVER ..... 5 (B20)</p>		
<p>B16. About how old were you when you used insect repellents?</p> <p>T TT T  .))-.)) -  AGE</p>		
<p>B17. About how many years have you used insect repellents?</p> <p>T TT T  .))-.)) -  # OF YEARS</p>		
<p>B18. Were there any years that you used them more than 10 times in a year?</p> <p>Yes .... 1</p> <p>No .... 5 (B20)</p>		

B19. How many years did you use them 10 or more times?

T TT T  
. )) - . )) -  
# OF YEARS

B20. During your lifetime, have you ever applied a lice control product on your or someone else's skin, hair, or clothing.

YES .... 1

NO .... 5 (B23)

B21. During your lifetime, on the average, approximately how many times have you applied a lice control product on the skin, hair, or clothing of yourself or someone else?

T TT T  
. )) - . )) -  
# OF TIMES

B22. What was the name of the product or products that you used?

\_\_\_\_\_  
(NAME OF PRODUCT)

\_\_\_\_\_  
(NAME OF PRODUCT)

The next few questions concern flea and tick control on dogs and cats.

B23. During your lifetime, did you ever have dogs, cats, other pets, or farm animals that were treated for fleas or ticks by you or by someone else? Treatment could include flea/tick shampoos or dips, powders, sprays, pills, or collars.

YES .... 1

NO .... 5 (SECTION C)

B24. Were the treatments usually: **(CIRCLE ALL THAT APPLY)**

Shampoos or dips ..... 01  
Powders ..... 02  
Sprays ..... 03  
Pills ..... 04  
Collars ..... 05  
Another treatment **(SPECIFY)**: ... 77

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B25. Were the treatments usually applied by: **(CIRCLE ALL THAT APPLY)**

You ..... 01  
Another household member ... 02  
Veterinarian or groomer .... 03  
Another person **(SPECIFY)**: .... 77

---

B26. About how old were you when the animals were treated?

**T T T**  
**. )) - . )) -**  
**# OF YEARS**

**APPLIANCES**

I would like to ask you about some electric appliances or devices that you may have used in the past.

C1 Did you ever use (a/an) (a.-s.) at least 3 times in any one year?	C2 At what age did you <u>first</u> use this (a.-s.) at least 3 times in any one year?	C3 For how many years did you use this (a.-s.) at least 3 times a year?	C4 During these years of use, how often did you use this (a.-r.)?
a. electric blanket  YES .... 1 (C2-C6) NO .... 5 (C1b)	<b>T T T T</b> (.))-(.)) - AGE	<b>T T T T</b> (.))-(.)) - (C4-C6) # OF YEARS	<b>T T T T</b> (.))-(.)) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
b. electric mattress pad  YES .... 1 (C2-C6) NO .... 5 (C1c)	<b>T T T T</b> (.))-(.)) - AGE	<b>T T T T</b> (.))-(.)) - (C4-C6) # OF YEARS	<b>T T T T</b> (.))-(.)) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
c. waterbed with a heater  YES ..... 1 (C2-C6) NO ..... 5 (C1d)	<b>T T T T</b> (.))-(.)) - AGE	<b>T T T T</b> (.))-(.)) - (C4-C6) # OF YEARS	<b>T T T T</b> (.))-(.)) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
d. electric heating pad  YES ..... 1 (C2-C5) NO ..... 5 (C1e)	<b>T T T T</b> (.))-(.)) - AGE	<b>T T T T</b> (.))-(.)) - (C4, C5) # OF YEARS	<b>T T T T</b> (.))-(.)) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
e. personal computer or computer with a monitor  YES .... 1 (C2-C5) NO .... 5 (C1f)	<b>T T T T</b> (.))-(.)) - AGE	<b>T T T T</b> (.))-(.)) (C4, C5) # OF YEARS	<b>T T T T (C1i)</b> (.))-(.)) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
f. electric sewing machine  YES .... 1 (C2-C5) NO .... 5 (C1g)	<b>T T T T</b> (.))-(.)) - AGE	<b>T T T T</b> (.))-(.)) - (C4, C5) # OF YEAR	<b>T T T T (C1i)</b> (.))-(.)) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
g. hair dryer at home  YES .... 1 (C2-C4) NO .... 5 (C1h)	<b>T T T T</b> (.))-(.)) - AGE	<b>T T T T</b> (.))-(.)) - (C4) # OF YEARS	<b>T T T T (C1i)</b> (.))-(.)) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
h. hair dryer in a beauty salon  YES .... 1 (C2-C4) NO .... 5 (C1i)	<b>T T T T</b> (.))-(.)) - AGE	<b>T T T T</b> (.))-(.)) - (C4) # OF YEARS	<b>T T T T (C1i)</b> (.))-(.)) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4



I. electric clock/clock radio ( <u>not</u> digital display) within 3 feet of where you sleep  YES .... 1 (C2-C3) NO .... 5 (C1j)	<b>T T T T</b> .))-.))- AGE	<b>T T T T</b> .))-.))- (C1j) # OF YEARS	
j. curling iron  YES .... 1 (C2-C4) NO .... 5 (C1k)	<b>T T T T</b> .))-.))- AGE	<b>T T T T</b> .))-.))- (C4) # OF YEARS	<b>T T T T (C1k)</b> .))-.))- TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
<b>C5</b>  Each time you used ( <u>a-f.</u> ), how many hours did you use it?		<b>C6</b>  Did you use ( <u>a-c.</u> ) to <u>warm the bed only</u> , or did you use it <u>directly on</u> <u>you</u> ?	
<b>T T T T</b> .))-.))- HOURS/TIME  LESS THAN ONE HOUR/TIME 00		WARM BED <u>ONLY</u> ..... 1 (C1b) DIRECTLY ON YOU .... 5	
<b>T T T T</b> .))-.))- HOURS/TIME  LESS THAN ONE HOUR/TIME 00		WARM BED <u>ONLY</u> ..... 1 (C1c) DIRECTLY ON YOU .... 5	
<b>T T T T</b> .))-.))- HOURS/TIME  LESS THAN ONE HOUR/TIME 00		WARM BED <u>ONLY</u> ..... 1 (C1d) DIRECTLY ON YOU .... 5	
<b>T T T T (C1e)</b> .))-.))- HOURS/TIME  LESS THAN ONE HOUR/TIME 00			
<b>T T T T (C1f)</b> .))-.))- HOURS/TIME  LESS THAN ONE HOUR/TIME 00			
<b>T T T T (C1g)</b> .))-.))- HOURS/TIME  LESS THAN ONE HOUR/TIME 00			

C1 Did you ever use (a/an) (a-s.) at least 3 times in any one year?	C2 At what age did you <u>first</u> use this (a-s.) at least 3 times in any one year?	C3 For how many years did you use this (a-s.) at least 3 times a year?	C4 During these years of use, how often did you use this (a-s.)?
k. water pik or electric toothbrush  YES .... 1 (C2-C3) NO .... 5 (C1l)	T T T T . ) - . ) ) - AGE	T T T T (C4) . ) ) - . ) ) - # OF YEARS	T T T T . ) ) - . ) ) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
l. vacuum cleaner (any style)  YES .... 1 (C2-C3) NO .... 5 (C1m)	T T T T . ) - . ) ) - AGE	T T T T (C4) . ) ) - . ) ) - # OF YEARS	T T T T . ) ) - . ) ) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
m. garbage disposal  YES .... 1 (C2-C3) NO .... 5 (C1n)	T T T T . ) ) - . ) ) - AGE	T T T T (C4) . ) ) - . ) ) - # OF YEARS	T T T T . ) ) - . ) ) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
n. pop-up toaster  YES .... 1 (C2-C3) NO .... 5 (C1o)	T T T T . ) ) - . ) ) - AGE	T T T T (C4) . ) ) - . ) ) - # OF YEARS	T T T T . ) ) - . ) ) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
o. electric mixer  YES .... 1 (C2-C3) NO .... 5 (C1p)	T T T T . ) ) - . ) ) - AGE	T T T T (C4) . ) ) - . ) ) - # OF YEARS	T T T T . ) ) - . ) ) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
p. microwave oven  YES .... 1 (C2-C3) NO .... 5 (C1q)	T T T T . ) ) - . ) ) - AGE	T T T T (C4) . ) ) - . ) ) - # OF YEARS	T T T T . ) ) - . ) ) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
q. fluorescent desk or table lamp  YES .... 1 (C2-C3) NO .... 5 (C1r)	T T T T . ) ) - . ) ) - AGE	T T T T . ) ) - . ) ) - (C4) # OF YEARS	T T T T . ) ) - . ) ) - TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4

r. black and white television  YES .... 1 (C2-C3) NO .... 5 (C1s)	T T T T .))-.))- AGE	T T T T .))-.))- (C4) # OF YEARS	T T T T .))-.))- TIMES: PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR ..... 4
s. color television  YES .... 1 (C2-C3) NO .... 5 (D1)	T T T T .))-.))- AGE	T T T T (D1) .))-.))- # OF YEARS	

**TELEPHONES**

D1. Have you ever used a hand-held cellular telephone (that is, a broadcasting phone that you can carry away from home and that requires a subscription to a cellular service) on a regular basis?

YES .... 1

NO .... 5 (SECTION E)

D2. What year did you first start using a cellular telephone?

T T T T T  
. )))2)))2)))2))) -  
YEAR

D3. What year did you stop using a cellular phone?

T T T T T  
. )))2)))2)))2))) -  
YEAR

CURRENT 0095

D4. How many years, in total, did you use a cellular phone?

T TT T  
. ))-.-. ))-  
# OF YEARS

D5. How many minutes or hours per month (did/do) you use a cellular phone?

T TT T T TT T  
. ))-.-. ))- . ))-.-. ))-  
MINUTES OR HOURS

Now I would like to record more detailed information about each of the cellular telephones that you have used. **(SHOW CARD)**

D6	D7	D8	D9	D10
Which brand of cellular telephones did you (first/next) use? *	What model cellular telephone did you (first/next) use? **	What year did you (first/last) <u>start</u> using <b>(brand/model)</b> ?	What year did you (first/next) <u>stop</u> using <b>(brand/model)</b> ?	How many years, in total, did you use <b>(brand/model)</b> ?
_____	_____	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T (. ) ) - . ) ) - # OF YEARS
_____	_____	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T (. ) ) - . ) ) - # OF YEARS
_____	_____	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T (. ) ) - . ) ) - # OF YEARS
_____	_____	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T (. ) ) - . ) ) - # OF YEARS
_____	_____	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T (. ) ) - . ) ) - # OF YEARS
_____	_____	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T (. ) ) - . ) ) - # OF YEARS
_____	_____	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T (. ) ) - . ) ) - # OF YEARS
_____	_____	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T (. ) ) - . ) ) - # OF YEARS
_____	_____	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T (. ) ) - . ) ) - # OF YEARS
_____	_____	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T (. ) ) - . ) ) - # OF YEARS
_____	_____	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T (. ) ) - . ) ) - # OF YEARS
_____	_____	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T T (. ) ) 2 ) ) 2 ) ) - YEAR	T T T T (. ) ) - . ) ) - # OF YEARS

\*List and Codes for Cellular Phone Brands:

01	Motorola	07	NEC
02	AT&T	08	Cellular One
03	Panasonic	09	Audiovox
04	Mitsubishi	10	Fujitsu
05	SUNY	11	GE
06	NYNEX	77	Other ( <b>SPECIFY</b> ): _____
	98	Don't know	

\*\*Examples of specific models include GE CT700 and Motorola Microtac 950.

HOBBIES



I am interested in any contact you may have had with certain substances during any activities that you have engaged in as hobbies, and not as part of a regular job.

E1	E2	E3	E4
Have you ever worked with (or around) <u>(SUBSTANCE)</u> for 6 months or longer?	In what year did you <u>first</u> work with (or around) <u>(SUBSTANCE)</u> ?	In what year did you <u>last</u> work with (or around) <u>(SUBSTANCE)</u> ?	On average, about how many hours per week, month, or year did you work with (or around) <u>(SUBSTANCE)</u> ?
a. fabric dyes or paints YES .... 1 (E2-E4) NO .... 5 (E1b)	/__/_/_/_/_/_/ YEAR	/__/_/_/_/_/_/ YEAR	<b>T TT T (E1b)</b> .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
b. inks YES .... 1 (E2-E4) NO .... 5 (E1c)	/__/_/_/_/_/_/ YEAR	/__/_/_/_/_/_/ YEAR	<b>T TT T (E1c)</b> .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
c. wood dust or sawdust YES .... 1 (E2-E4) NO .... 5 (E1d)	/__/_/_/_/_/_/ YEAR	/__/_/_/_/_/_/ YEAR	<b>T TT T (E1d)</b> .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
d. wood glues YES .... 1 (E2-E4) NO .... 5 (E1e)	/__/_/_/_/_/_/ YEAR	/__/_/_/_/_/_/ YEAR	<b>T TT T (E1e)</b> .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
e. cotton or other textile fibers or dust YES .... 1 (E2-E4) NO .... 5 (E5)	/__/_/_/_/_/_/ YEAR	/__/_/_/_/_/_/ YEAR	<b>T TT T (E5)</b> .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3

E5 Have you ever participated in ( <u>HOBBY</u> ) for 6 months or longer?	E6 In what year were you <u>first</u> involved in ( <u>HOBBY</u> )?	E7 In what year were you <u>last</u> involved in ( <u>HOBBY</u> )?	E8 On average, about how many hours per week, month, or year have you participated in ( <u>HOBBY</u> )?
a. needlework or sewing  YES .... 1 (E6-E8)  NO .... 5 (E6b)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	<b>T TT T</b> (E5b) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
b. developing photographs  YES .... 1 (E6-E8)  NO .... 5 (E6c)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	<b>T TT T</b> (E5c) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
c. oil painting  YES .... 1 (E6-E8)  NO .... 5 (E6d)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	<b>T TT T</b> (E5d) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
d. woodworking or refinishing furniture  YES .... 1 (E6-E8)  NO .... 5 (E6e)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	<b>T TT T</b> (E5e) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
e. ceramics or pottery making  YES .... 1 (E6-E8)  NO .... 5 (E6f)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	<b>T TT T</b> (E5f) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3

<p>f. hobbies using glues</p> <p>YES .... 1 (E6-E8)</p> <p>NO .... 5 (E6g)</p>	<p>/___/___/___/___/</p> <p>YEAR</p>	<p>/___/___/___/___/</p> <p>YEAR</p>	<p><b>T TT T</b> (E5g)</p> <p>.)) - .)) -</p> <p>TIMES: PER WEEK 1</p> <p>PER MONTH 2</p> <p>PER YEAR 3</p>
<p>g. leather crafting</p> <p>YES .... 1 (E6-E8)</p> <p>NO .... 5 (E6h)</p>	<p>/___/___/___/___/</p> <p>YEAR</p>	<p>/___/___/___/___/</p> <p>YEAR</p>	<p><b>T TT T</b> (E5h)</p> <p>.)) - .)) -</p> <p>TIMES: PER WEEK 1</p> <p>PER MONTH 2</p> <p>PER YEAR 3</p>
<p>h. hobbies involving soldering such as jewelry design or stained glass</p> <p>YES .... 1 (E6-E8)</p> <p>NO .... 5 (E6i)</p>	<p>/___/___/___/___/</p> <p>YEAR</p>	<p>/___/___/___/___/</p> <p>YEAR</p>	<p><b>T TT T</b> (E5i)</p> <p>.)) - .)) -</p> <p>TIMES: PER WEEK 1</p> <p>PER MONTH 2</p> <p>PER YEAR 3</p>
<p>I. other activities involving the use of chemicals</p> <p>YES 1 (E6-E8)</p> <p>SPECIFY_____</p> <p>NO 5 (SECTION F)</p>	<p>/___/___/___/___/</p> <p>YEAR</p>	<p>/___/___/___/___/</p> <p>YEAR</p>	<p><b>T TT T</b> (Section F)</p> <p>.)) - .)) -</p> <p>TIMES: PER WEEK 1</p> <p>PER MONTH 2</p> <p>PER YEAR 3</p>

**Section F**

**SUN EXPOSURE  
AND  
SUNSCREEN USE**

In the next four questions, I will ask you about your outdoor sun exposure. Please think about your experience over the past five years.

SEASON	F1 During the (SEASON), about how many days per week do you spend 2 hours or more per day outdoors from 10:00 A.M. to 5:00 P.M.?	F2 When you are outside from 10:00 A.M. to 5:00 P.M., how often do you wear protective clothing such as long sleeves and/or a hat? Would you say:	F3 When you are outside from 10:00 A.M. to 5:00 P.M., how often do you use a sunscreen? Would you say:	F4 During the (SEASON), what sunscreen rating do you use?
a. Spring	4-7 DAYS/WEEK ..... 1 1-3 DAYS/WEEK ..... 2 <1 DAY/WEEK ..... 3 NEVER ..... 4	Always ..... 1 Usually ..... 2 Sometimes ..... 3 Rarely ..... 4 Never ..... 5	Always ..... 1 Usually ..... 2 Sometimes ..... 3 Rarely ..... 4 Never ..... 5 (F1b)	_____
b. Summer	4-7 DAYS/WEEK ..... 1 1-3 DAYS/WEEK ..... 2 <1 DAY/WEEK ..... 3 NEVER ..... 4	Always ..... 1 Usually ..... 2 Sometimes ..... 3 Rarely ..... 4 Never ..... 5	Always ..... 1 Usually ..... 2 Sometimes ..... 3 Rarely ..... 4 Never ..... 5 (F1c)	_____
c. Fall	4-7 DAYS/WEEK ..... 1 1-3 DAYS/WEEK ..... 2 <1 DAY/WEEK ..... 3 NEVER ..... 4	Always ..... 1 Usually ..... 2 Sometimes ..... 3 Rarely ..... 4 Never ..... 5	Always ..... 1 Usually ..... 2 Sometimes ..... 3 Rarely ..... 4 Never ..... 5 (F1d)	_____
d. Winter	4-7 DAYS/WEEK ..... 1 1-3 DAYS/WEEK ..... 2 <1 DAY/WEEK ..... 3 NEVER ..... 4	Always ..... 1 Usually ..... 2 Sometimes ..... 3 Rarely ..... 4 Never ..... 5	Always ..... 1 (F4) Usually ..... 2 (F4) Sometimes ..... 3 (F4) Rarely ..... 4 (F4) Never ..... 5 (End)	_____